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Washington State  
Behavioral Risk Factor Surveillance System

# **1997 BRFSS Questionnaire**

Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Surveillance and Analysis  
Behavioral Surveillance Branch

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Washington State Department of Health  
Center for Health Statistics

**1997 Behavioral Risk Factor Surveillance System Questionnaire**

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**Section 1: Health Status**

1. Would you say that in general your health is: (33)

**Please Read**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| <b>or</b>    |   |
| e. Poor      | 5 |

**Do not read these responses**

Don't know/Not Sure	7
---------------------	---

Refused	9
---------	---

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

- |                     |     |
|---------------------|-----|
| a. Number of days   | --  |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?(36-37)

- |  |     |
|--|-----|
| a. Number of days                              | --  |
| b. None <b>If Q. 2 also "None," go to Q. 5</b> | 8 8 |
| Don't know/Not sure                            | 7 7 |
| Refused  | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)
- |                     |     |
|---------------------|-----|
| a. Number of days   | — — |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

## Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)
- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q. 7b</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 12</b> | 7 |
| Refused <b>Go to Q. 12</b>             | 9 |
6. Do you have Medicare? (41)
- Medicare is a coverage plan for people 65 or over and for certain disabled people**
- |                          |   |
|--------------------------|---|
| a. Yes <b>Go to Q. 8</b> | 1 |
| b. No                    | 2 |
| Don't know/not sure      | 7 |
| Refused                  | 9 |

7a. What type of health care coverage do you use to pay for most of your medical care?(42-43)

Is it coverage through: **Please Read**

- |  |     |
|--|-----|
| a. Your employer <b>Go to Q. 8</b>   | 0 1 |
| b. Someone else's employer <b>Go to Q. 8</b>   | 0 2 |
| c. A plan that you or someone else buys on<br>your own <b>Go to Q. 8</b>                           | 0 3 |
| d. Medicare <b>Go to Q. 8</b>  | 0 4 |
| e. Medicaid or Medical Assistance or Basic Health Plan<br><b>Go to Q. 8</b>                        | 0 5 |
| f. The military, CHAMPUS, or the VA or CHAMP-VA<br><b>Go to Q. 8</b>                               | 0 6 |
| g. The Indian Health Service or the Alaska<br>Native Health Service <b>Go to Q. 8</b><br><b>or</b> | 0 7 |
| h. Some other source <b>Go to Q. 8</b>   | 0 8 |

**Do not read these responses**

- |                                       |     |
|---------------------------------------|-----|
| None <b>Go to Q. 11</b>               | 8 8 |
| Don't know/Not sure <b>Go to Q. 8</b> | 7 7 |
| Refused <b>Go to Q. 8</b>             | 9 9 |

- 7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (44-45)

Coverage through: **Please Read. If more than one, ask "Which type do you use to pay for most of your medical care?"**

- |   |     |
|---|-----|
| a. Your employer  | 0 1 |
| b. Someone else's employer  | 0 2 |
| c. A plan that you or someone else buys on your own                 | 0 3 |
| d. Medicare   | 0 4 |
| e. Medicaid or Medical Assistance or the Basic Health Plan          | 0 5 |
| f. The military, CHAMPUS, or the VA or CHAMP-VA                     | 0 6 |
| g. The Indian Health Service or the Alaska<br>Native Health Service | 0 7 |
| <b>or</b>   |     |
| h. Some other source  | 0 8 |

**Do not read these responses**

- |  |     |
|--|-----|
| None <b>Go to Q. 11</b>                | 8 8 |
| Don't know/Not sure <b>Go to Q. 12</b> | 7 7 |
| Refused <b>Go to Q. 12</b>             | 9 9 |

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]? If necessary, say "The coverage you use currently to pay for most of your medical care." (46)

*Read only if Necessary*

- |   |   |
|---|---|
| a. For less than 12 months (1 to 12 months) | 1 |
| b. For less than 2 years (1 to 2 years)     | 2 |
| c. For less than 3 years (2 to 3 years)     | 3 |
| d. For less than 5 years (3 to 5 years)     | 4 |
| e. For 5 or more years                      | 5 |
| Don't know/Not sure                         | 7 |
| Refused                                     | 9 |

9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan? If necessary, say "The coverage you use currently to pay for most of your medical care." (47)

- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

If "no" or "Dk/Ns," probe "Is there a certain number you are supposed to call to find a doctor to go to?"

- |                     |   |
|---------------------|---|
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

10. Does your **[fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b]** plan require you to select a certain doctor or clinic for all of your routine care? **If necessary, say "The coverage you use currently to pay for most of your medical care." Do not include emergency care or referral to a specialist.** (48)

- a. Yes **Go to Q. 12** 1
- b. No **Go to Q. 12** 2
- Don't know/Not sure **Go to Q. 12** 7
- Refused **Go to Q. 12** 9

11. About how long has it been since you had health care coverage? (49)

*Read Only if Necessary*

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9



13. About how long has it been since you last visited a doctor for a routine checkup? **If necessary, say “A routine checkup is a general physical examination.”** (51)

***Read Only if Necessary***

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |

**Section 3: Hypertension Awareness**

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

***Read Only if Necessary***

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never <b>Go to Q. 17 (p. 11)</b>                | 8 |
| Refused   | 9 |

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)
- a. Yes 1
  - b. No **Go to Q. 17** 2
  - Don't know/Not sure **Go to Q. 17** 7
  - Refused **Go to Q. 17** 9
16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)
- a. More than once 1
  - b. Only once 2
  - Don't know/Not sure 7
  - Refused 9

#### Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)
- a. Yes 1
  - b. No **Go to Q. 20** 2
  - Don't know/Not sure **Go to Q. 20** 7
  - Refused **Go to Q. 20** 9

18. About how long has it been since you last had your blood cholesterol checked? (56)

***Read Only if Necessary***

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 5: Diabetes**

20. Have you ever been told by a doctor that you have diabetes? (58)

- |        |   |
|--------|---|
| a. Yes | 1 |
|--------|---|

**If "Yes" and female, ask "Was this only when you were pregnant?"**

- |   |   |
|---|---|
| b. Yes, but female told only during pregnancy <b>Go to next section</b> | 2 |
| c. No <b>Go to next section</b>   | 3 |
| Don't know/Not sure <b>Go to next section</b>                           | 7 |
| Refused <b>Go to next section</b>                                       | 9 |

21. How old were you when you were told you have diabetes? [WA]

Code age in years [76=76 and older] \_\_\_\_\_

Don't know/Not sure 7 7

Refused 9 9

22. Are you now taking insulin?

a. Yes 1

b. No **Go to Q. 24** 2

Refused **Go to Q. 24** 9

23a. Currently, about how often do you use insulin?

a. Times per day 1 \_ \_

b. Times per week 2 \_ \_

c. Use insulin pump 3 3 3

Don't know/Not sure 7 7 7

Refused 9 9 9

24a. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

a. Times per day 1 \_ \_

b. Times per week 2 \_ \_

c. Times per month 3 \_ \_

d. Times per year 4 \_ \_

e. Never 8 8 8

Don't know/Not sure 7 7 7

Refused 9 9 9

25. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
26. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?
- |  |     |
|--|-----|
| a. Number of times   | --  |
| <b>If "No," "Dk/Ns," or "Refused" to Q. 25, go to Q. 28.</b> |     |
| b. None <b>Go to Q. 29</b>                                   | 8 8 |
| Don't know/Not sure <b>Go to Q. 29</b>                       | 7 7 |
| Refused <b>Go to Q. 29</b>                                   | 9 9 |
27. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?
- |                     |     |
|---------------------|-----|
| a. Number of times  | --  |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |
28. About how many times in the last year has a health professional checked your feet for any sores or irritations?
- |                     |     |
|---------------------|-----|
| a. Number of times  | --  |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

29. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

***Read Only if Necessary***

- |   |   |
|---|---|
| a. Within the past month (0 to 1 month ago)   | 1 |
| b. Within the past year (1 to 12 months ago)  | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago                        | 4 |
| e. Never                                      | 8 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

**Section 6: Injury Control [CDC]**

30. How often do you use seatbelts when you drive or ride in a car? (59)  
Would you say: **Please Read**

- |                  |   |
|------------------|---|
| a. Always        | 1 |
| b. Nearly Always | 2 |
| c. Sometimes     | 3 |
| d. Seldom        | 4 |
| <b>or</b>        |   |
| e. Never         | 5 |

**Do not read these responses.**

- |                              |   |
|------------------------------|---|
| Don't know/Not sure          | 7 |
| Never drive or ride in a car | 8 |
| Refused                      | 9 |

31. What is the age of the oldest child in your household under the age of 16? (60-61)
- a. Code age in years **Code<1 yr as "01"** --
- b. No children under age 16 **Go to Q. 34** 8 8
- Don't know/Not sure **Go to Q. 34** 7 7
- Refused **Go to Q. 34** 9 9
32. How often does the [fill in age from Q. 31]-year-old child in your household use a...
- car safety seat [for child under 5]
- seatbelt [for child 5 or older]
- ...when they ride in a car? (62)
- Would you say: **Please Read**
- a. Always 1
- b. Nearly always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5
- Do not read these responses.**
- Don't know/Not sure 7
- Never rides in a car 8
- Refused 9

**If oldest child 5 years or older, continue with Q. 33. Otherwise, go to Q. 34.**

33. During the past year, how often has the [fill in age from Q. 31]-year-old child worn a bicycle helmet when riding a bicycle? (63)

Would you say: **Please Read**

- |    |                                    |   |
|----|------------------------------------|---|
| a. | Always                             | 1 |
| b. | Nearly Always                      | 2 |
| c. | Sometimes                          | 3 |
| d. | Seldom                             | 4 |
|    | <b>or</b>                          |   |
| e. | Never                              | 5 |
|    | Don't know/Not sure                | 7 |
|    | <b>Do not read these responses</b> |   |
|    | Never rides a bicycle              | 8 |
|    | Refused                            | 9 |

34. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (64)

***Read Only if Necessary***

- |    |  |   |
|----|--|---|
| a. | Within the past month (0 to 1 month ago)     | 1 |
| b. | Within the past 6 months (1 to 6 months ago) | 2 |
| c. | Within the past year (6 to 12 months ago)    | 3 |
| d. | One or more years ago                        | 4 |
| e. | Never  | 5 |
| f. | No smoke detectors in home                   | 6 |
|    | Don't know/Not sure                          | 7 |
|    | Refused                                      | 9 |



**Section 7: Tobacco Use**

35. Have you smoked at least 100 cigarettes in your entire life? (65)
- 5 packs= 100 cigarettes**
- a. Yes 1
- b. No **Go to Next section** 2
- Don't know/Not sure **Go to Next section** 7
- Refused **Go to Next section** 9
36. Do you now smoke cigarettes everyday, some days, or not at all? (66)
- a. Everyday 1
- b. Some days **Go to Q. 37a** 2
- c. Not at all **Go to Q. 39** 3
- Refused **Go to Next section** 9
37. On the average, about how many cigarettes a day do you now smoke? [**1 pack= 20 cigarettes**] (67-68)
- Number of cigarettes **Go to Q. 38** --
- Don't know/Not sure **Go to Q. 38** 7 7
- Refused **Go to Q. 38** 9 9
- 37a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? [**1 pack= 20 cigarettes**] (69-70)
- 1 pack= 20 cigarettes**
- Number of cigarettes **Go to Next section** --
- Don't know/Not sure **Go to Next section** 7 7
- Refused **Go to Next section** 9 9

38. During the past 12 months, have you quit smoking for 1 day or longer? (71)

a. Yes **Go to Next section** 1

b. No **Go to Next section** 2

Don't know/Not sure **Go to Next section** 7

Refused **Go to Next section** 9

39. About how long has it been since you last smoked cigarettes regularly, that is, daily? (72-73)

*Read Only if Necessary*

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago) 0 2

c. Within the past 6 months (3 to 6 months ago) 0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused 9 9

**Section 8: Smokeless Tobacco [WA]**

40. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?  
**Probe for chewing tobacco, snuff, or both.**

- |   |   |
|---|---|
| a. Yes, chewing tobacco                       | 1 |
| b. Yes, snuff                                 | 2 |
| c. Yes, both                                  | 3 |
| d. No, neither <b>Go to next section</b>      | 4 |
| Don't know/Not sure <b>Go to next section</b> | 7 |
| Refused <b>Go to next section</b>             | 9 |

41. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?  
**"Yes" includes occasional use.**

- |   |   |
|---|---|
| a. Yes, chewing tobacco                       | 1 |
| b. Yes, snuff                                 | 2 |
| c. Yes, both                                  | 3 |
| d. No, neither <b>Go to next section</b>      | 4 |
| Don't know/Not sure <b>Go to next section</b> | 7 |
| Refused <b>Go to next section</b>             | 9 |

**Section 9: Alcohol Consumption**

42. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

(74)

a. Yes 1

b. No **Go to next section** 2

Don't know/Not sure **Go to next section** 7

Refused **Go to next section** 9

43. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)

a. Days per week 1 \_ \_

b. Days per month 2 \_ \_

Don't know/Not sure **Go to Q. 45** 7 7 7

Refused **Go to Q. 45** 9 9 9

44. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (78-79)

Number of drinks \_ \_

Don't know/Not sure 7 7

Refused 9 9

45. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)

- |                     |     |
|---------------------|-----|
| a. Number of times  | — — |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

46. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)

- |                     |     |
|---------------------|-----|
| a. Number of times  | — — |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

## Section 10: Demographics

47. What is your age? (84-85)

- |                     |     |
|---------------------|-----|
| Code age in years   | — — |
| Don't know/Not sure | 0 7 |
| Refused             | 0 9 |

47a. **If refused ask:** In which of these age categories do you belong? **Read 1-7**  
**Numbers in parenthesis will be set into the data for age.**

- |                     |   |
|---------------------|---|
| 18 to 24 (21)       | 1 |
| 25 to 34 (30)       | 2 |
| 35 to 44 (40)       | 3 |
| 45 to 54 (50)       | 4 |
| 55 to 64 (60)       | 5 |
| 65 to 74 (70)       | 6 |
| Or 75 or older (80) | 7 |
| Refused             | 9 |

48. What is your race? Would you say: **Please Read** (86)

- a. White 1
- b. Black 2
- c. Asian, Pacific Islander 3
- d. American Indian, Alaska Native 4
- or**
- e. Other: (specify)\_\_\_\_\_ 5

**Do not read these responses**

Don't know/Not sure 7

Refused 9

49. Are you of Spanish or Hispanic origin? (87)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

50. Are you: (88)

**Please Read**

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

51. How many children live in your household who are...

**Please Read**

**Code 1-9: 7 = 7 or more**

**8 = None**

**9 = Refused**

- a. less than 5 years old? \_ (89)
- b. 5 through 12 years old? \_ (90)
- c. 13 through 17 years old? \_ (91)

52. What is the highest grade or year of school you completed?

(92)

***Read Only if Necessary***

- a. Never attended school or only kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

53. Are you currently: (93)

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| <b>or</b>                           |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

54. **IF EMPLOYED, CODE 1-2, Q.53, ask:** What kind of business or industry do you work in?  
99 = REFUSED

55. What is your job title? IF NO JOB TITLE, SAY: What type of work do you do?  
88 = OWNER/PROPRIETOR/SELF-EMPLOYED, 99 = REFUSED



56. Is your annual household income from all sources: (94-95)

**If respondent refuses at any income level, code refused**

**Read as Appropriate**

- |   |     |
|---|-----|
| a. Less than \$25,000 <b>If "no," ask e; if "yes," ask b</b><br>(\$20,000 to less than \$25,000)  | 0 4 |
| b. Less than \$20,000 <b>If "no," code a; if "yes," ask c</b><br>(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 <b>If "no," code b; if "yes," ask d</b><br>(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 <b>If "no," code c</b>  | 0 1 |

**If R answers a (Less than \$25,000?) with "no," ask e**

- |   |     |
|---|-----|
| e. Less than \$35,000 <b>If "no," ask f</b><br>(\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 <b>If "no," ask g</b><br>(\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 <b>If "no," code h</b><br>(\$50,000 to \$75,000)          | 0 7 |
| h. \$75,000 or more   | 0 8 |

**Do not read these responses**

- |                     |     |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

57. About how much do you weigh without shoes? **[Round fractions up.]** (96-98)

Weight

                
pounds

Don't know/Not sure

7 7 7

Refused

9 9 9

58. About how tall are you without shoes? **[Round fractions down.]** (99-101)

Height

     /            
ft/inches

Don't know/Not sure

7 7 7

Refused

9 9 9

59. What county do you live in? (102-104)

FIPS county code

0      

Adams	01	Grays Harbor	27	Pierce	53
Asotin	03	Island	29	San Juan	55
Benton	05	Jefferson	31	Skagit	57
Chelan	07	King	33	Skamania	59
Clallam	09	Kitsap	35	Snohomish	61
Clark	11	Kittitas	37	Spokane	63
Columbia	13	Klickitat	39	Stevens	65
Cowlitz	15	Lewis	41	Thurston	67
Douglas	17	Lincoln	43	Wahkiakum	69
Ferry	19	Mason	45	Walla Walla	71
Franklin	21	Okanogan	47	Whatcom	73
Garfield	23	Pacific	49	Whitman	75
Grant	25	Pend Oreille	51	Yakima	77

Don't know/not sure

7 7 7

Refused

9 9 9

60. What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.**

9  
Don't know/Refused 9999

61. Do you have more than one telephone number in your household? (105)

a. Yes 1

b. No **Go to Q. 63** 2

Refused **Go to Q. 63** 9

62. How many residential telephone numbers do you have? (106)  
**Exclude dedicated fax and computer lines**

Total telephone numbers [**8=8 or more**] —

Refused 9

Now I have some questions about other health services you may have received.

63. Indicate sex of respondent. **Ask Only if Necessary** (107)

Male **Go to Q. 82** 1

Female 2

**Section 11: Women's Health**

64. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)

a. Yes 1

b. No **Go to Q. 67** 2

Don't know/Not sure **Go to Q. 67** 7

Refused **Go to Q. 67** 9

65. How long has it been since you had your last mammogram? (109)

***Read only if Necessary***

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

66. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (110)

a. Routine checkup 1

b. Breast problem other than cancer 2

c. Had breast cancer 3

Don't know/Not sure 7

Refused 9

67. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (111)

- a. Yes 1
- b. No **Go to Q. 70** 2
- Don't know/Not sure **Go to Q. 70** 7
- Refused **Go to Q. 70** 9

68. How long has it been since your last breast exam? (112)

***Read Only if Necessary***

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

69. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (113)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

70. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (114)

a. Yes 1

b. No **Go to Q. 73** 2

Don't know/Not sure **Go to Q. 73** 7

Refused **Go to Q. 73** 9

71. How long has it been since you had your last Pap smear? (115)

***Read Only if Necessary***

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

72. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (116)

a. Routine exam 1

b. Check current or previous problem 2

Other 3

Don't know/Not sure 7

Refused 9

73. Have you had a hysterectomy? (117)  
**IF NEEDED: A hysterectomy is an operation to remove the uterus (womb)**

a. Yes **If 45-50, Go to Q. 75a** 1  
**If over 50, Go to Q. 82**

b. No **If < 45 go to Q. 74** 2  
 Don't know/Not sure **If 45 - 50, Go to Q. 75a** 7  
**If >50, to to Q. 82**  
 Refused 9

74. To your knowledge, are you now pregnant? (118)

a. Yes **Go to Q. 75b** 1

b. No **Go to Q. 75a** 2

Don't know/Not sure 7

Refused 9

## Section 12: HIV Testing and Counseling in Pregnancy

75a. Have you been pregnant at any time since January 1991? **If “Yes, I’m pregnant now” go to Q. 75b.**

75b. Have you been pregnant any other time since January, 1991?

a. Yes 1

b. No **Go to next section** 2

Don't know/Not sure **Go to next section** 7

Refused **Go to next section** 9

What is the month and year that your last pregnancy ended? Please consider all pregnancies.

76. Code Month and Year \_\_\_\_\_ / \_\_\_\_ .

Don't Know/Not Sure 7 7 7 7 .

Refused 9 9 9 9 .

78. At any time during your last pregnancy, did you visit a doctor, midwife or clinic for prenatal (pregnancy-related) care?

a. Yes 1

b. No **Go to Next section** 2

c. No, pregnancy ended early as a result of a miscarriage/abortion **Go to Next section** 3

Don't know/Not sure **Go to Next section** 7

Refused **Go to Next section** 9

79. Which of the following is the main place that you received prenatal care?  
**READ a-h:**

a. Community Health Center Clinic 1

b. Health department clinic 2

c. Family planning clinic or prenatal clinic 3

d. Public hospital clinic 4

e. Private doctor 5

f. Private group practice, including a clinic or private hospital clinic 6

g. HMO or other prepaid group practice 7

h. Or somewhere else (SPECIFY:) 8

Don't know/Not sure 77

Refused 99



80. At any time during your pregnancy, did this health care provider discuss HIV or AIDS with you?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

81. At any time during your last pregnancy, did this health care provider offer to test you for HIV?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

### Section 13: Immunization

82. During the past 12 months, have you had a flu shot? (119)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

83. Have you ever had a pneumonia vaccination? (120)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 14: Colorectal Cancer Screening**

**If respondent is 40 years or older, continue with Q. 84. Otherwise, go to next section.**

84. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (121)

a. Yes 1

b. No **Go to Q. 86** 2

Don't know/Not sure **Go to Q. 86** 7

Refused **Go to Q. 86** 9

85. When did you have your last blood stool test using a home kit? (122)

***Read Only if Necessary***

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago) 3

d. 5 or more years ago 4

Don't know/Not sure 7

Refused 9

86. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)

a. Yes 1

b. No **Go to next section** 2

Don't know/Not sure **Go to next section** 7

Refused **Go to next section** 9

87. When did you have your last sigmoidoscopy or proctoscopy? (124)

***Read Only if Necessary***

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Refused                                       | 9 |

**Section 15: HIV/AIDS**

**If respondent is 65 years old or older then**

**If female, Go to Section 18, Breast Cancer Screening, Q. 117.**

**If male, Go to Section 20, Asthma, Q. 124.**

**If respondent's age is unknown, then ask these questions.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

88. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (125-126)

- |                                     |    |
|-------------------------------------|----|
| First grade (age 5-6)               | 1  |
| Second grade (age 6-7)              | 2  |
| Third grade (age 7-8)               | 3  |
| Fourth grade (age 8-9)              | 4  |
| Fifth grade (age 9-10)              | 5  |
| Sixth grade (age 10-11)             | 6  |
| Seventh grade (age 11-12)           | 7  |
| Eighth grade (age 12-13)            | 8  |
| Ninth grade (freshman) (age 14-15)  | 9  |
| Tenth grade (sophomore) (age 15-16) | 10 |
| Eleventh grade (junior) (age 16-17) | 11 |
| Twelfth grade (senior) (age 17-18)  | 12 |
| Kindergarten                        | 55 |
| Never                               | 88 |
| Don't know/Not sure                 | 77 |
| Refused                             | 99 |

89. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (127)

- a. Yes 1
- b. No 2
- Would give other advice 3
- Don't know/Not sure 7
- Refused 9

90. What are your chances of getting infected with HIV, the virus that causes AIDS? (128)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- or**
- d. None 4

**Do not read these responses**

- Not applicable **Go to Q. 92a** 5
- Don't know/Not sure 7
- Refused 9

91. Have you ever had your blood tested for HIV? (129)

- a. Yes **Go to Q.92** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

92a. Have you donated blood since March 1985? (130)

a. Yes 1

b. No **Go to Q. 97** 2

Don't know/Not sure **Go to Q. 97** 7

Refused **Go to Q. 97** 9

93a. When did you last donate blood? (131-134)

Code month and year **Go to Q. 97** \_ \_ / \_ \_

Don't know/Not sure **Go to Q. 97** 7 7 7 7

Refused **Go to Q. 97** 9 9 9 9

92. When was your last blood test for HIV? (135-138)

Code month and year \_ \_ / \_ \_

Don't know/Not sure 7 7 7 7

Refused 9 9 9 9

93. What was the main reason you had your last blood test for HIV? (139-140)

***Read only if Necessary***

- |  |     |
|--|-----|
| a. For hospitalization or surgical procedure       | 0 1 |
| b. To apply for health insurance                   | 0 2 |
| c. To apply for life insurance                     | 0 3 |
| d. For employment                                  | 0 4 |
| e. To apply for a marriage license                 | 0 5 |
| f. For military induction or military service      | 0 6 |
| g. For immigration                                 | 0 7 |
| h. Just to find out if you were infected           | 0 8 |
| i. Because of referral by a doctor                 | 0 9 |
| j. Because of pregnancy                            | 1 0 |
| k. Referred by your sex partner                    | 1 1 |
| l. Because it was part of a blood donation process |     |
| <b>Go to Q. 97</b>                                 | 1 2 |
| m. For routine check-up                            | 1 3 |
| n. Because of occupational exposure                | 1 4 |
| o. Because of illness                              | 1 5 |
| p. Because I am at risk for HIV                    | 1 6 |
| q. Other   | 8 7 |
| Don't know/Not sure                                | 7 7 |
| Refused  | 9 9 |

94. Where did you have your last blood test for HIV? (141-142)

***Read only if Necessary***

- |  |     |
|--|-----|
| a. Private doctor, HMO                           | 0 1 |
| b. Blood bank, plasma center, Red Cross          | 0 2 |
| c. Health department                             | 0 3 |
| d. AIDS clinic, counseling, testing site         | 0 4 |
| e. Hospital, emergency room, outpatient clinic   | 0 5 |
| f. Family planning clinic                        | 0 6 |
| g. Prenatal clinic, obstetrician's office        | 0 7 |
| h. Tuberculosis clinic                           | 0 8 |
| i. STD clinic                                    | 0 9 |
| j. Community health clinic                       | 1 0 |
| k. Clinic run by employer                        | 1 1 |
| l. Insurance company clinic                      | 1 2 |
| m. Other public clinic                           | 1 3 |
| n. Drug treatment facility                       | 1 4 |
| o. Military induction or military service site   | 1 5 |
| p. Immigration site                              | 1 6 |
| q. At home, home visit by nurse or health worker | 1 7 |
| r. At home using self-sampling kit               | 1 8 |
| s. In jail or prison                             | 1 9 |
| t. Other   | 8 7 |
| Don't know/Not sure                              | 7 7 |
| Refused  | 9 9 |

95. Did you receive the results of your last test? (143)
- a. Yes 1
  - b. No **Go to Q. 97** 2
  - Don't know/Not sure **Go to Q. 97** 7
  - Refused **Go to Q. 97** 9
96. Did you receive counseling or talk with a health care professional about the results of your test? (144)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
97. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.
- Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (145)
- a. Yes 1
  - b. No **Go to next section** 2
  - Don't know/Not sure **Go to next section** 7
  - Refused **Go to next section** 9



98. Did you make any of the following changes in the last 12 months?

<b>Please Read</b>		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a.	Did you decrease the number of your sexual partners or become abstinent?	1	2	7	9	(146)
b.	Do you now have sexual intercourse with only the same partner?	1	2	7	9	(147)
c.	Do you now always use condoms for protection?	1	2	7	9	(148)

**Section 16: Sexual Behavior (WA)****If respondent is 50 years old or older:****and Female: Go to Section 18, Breast Cancer Screening.****And Male: Go to Section 20, Asthma.**

99. During the past 12 months, with how many people have you had sexual intercourse?

- |                                   |     |
|-----------------------------------|-----|
| a. Number                         | — — |
| b. None <b>Go to next section</b> | 88  |
| Don't know/Not sure               | 77  |
| Refused                           | 99  |

100. How many new sex partners did you have during the past 12 months? **IF NEEDED: A new sex partner is someone you had sex with for the first time in the past 12 months.**

- |                             |     |
|-----------------------------|-----|
| a. Number [76 = 76 or more] | — — |
| b. None                     | 8 8 |
| Don't know/Not sure         | 7 7 |
| Refused                     | 9 9 |

101. Was a condom used the last time you had sexual intercourse?

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No <b>Go to Q. 103</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 103</b> | 7 |
| Refused <b>Go to Q. 103</b>             | 9 |

102. The last time you had sexual intercourse, was the condom used...

**Please read**

- |   |   |
|---|---|
| a. To prevent pregnancy                                   | 1 |
| b. To prevent diseases like syphilis, gonorrhea, and AIDS | 2 |
| c. For both of these reasons                              | 3 |
| <b>or</b>   |   |
| d. For some other reason                                  | 4 |
| Don't know/Not sure                                       | 7 |
| Refused   | 9 |

103. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?

Would you say: **Please read**

- |                         |   |
|-------------------------|---|
| a. Very effective       | 1 |
| b. Somewhat effective   | 2 |
| <b>or</b>               |   |
| c. Not at all effective | 3 |

**Do not read these responses.**

- |                                       |   |
|---------------------------------------|---|
| Don't know how effective              | 4 |
| Don't know method <b>Go to Q. 105</b> | 5 |
| Refused                               | 9 |

104. How effective do you think a properly used LATEX condom is for this purpose?

Would you say: **Please read**

- |                         |   |
|-------------------------|---|
| a. Very effective       | 1 |
| b. Somewhat effective   | 2 |
| <b>or</b>               |   |
| c. Not at all effective | 3 |

**Do not read these responses.**

- |                          |   |
|--------------------------|---|
| Don't know how effective | 4 |
| Don't know method        | 5 |
| Refused                  | 9 |

105. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you.  
You don't need to tell me which one.

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 17: Family Planning****If respondent is 50 years old or older and****Female: Go to Section 18, Breast Cancer Screening.****Male: Go to Section 20, Asthma.**

The next few questions have to do with birth control. They apply to just the PAST THREE MONTHS. Your answers are confidential and you don't have to answer all the questions if you don't want to.

**If respondent hesitates in answering any question in this series, repeat “You don’t have to answer any question if you don’t want to”.**

**If answer to Q. 99, “During past 12 months, with how many people have you had sexual intercourse?” is “none,” (88) Go to Q. 114b**

106. In the last three months, have you had sexual intercourse?

- |    |                     |                      |   |
|----|---------------------|----------------------|---|
| a. | Yes                 |                      | 1 |
| b. | No                  | <b>Go to Q. 114b</b> | 2 |
|    | Don't know/not sure | <b>Go to Q. 114b</b> | 7 |
|    | Refused             | <b>Go to Q. 114b</b> | 9 |

107. The last time you had sexual intercourse, did you or your partner use any method of birth control? **If needed: “Partner” means the person you had sex with the last time in the past three months.**

- |    |                     |                     |   |
|----|---------------------|---------------------|---|
| a. | Yes                 |                     | 1 |
| b. | No                  | <b>Go to Q. 109</b> | 2 |
|    | Don't know/not sure |                     | 7 |
|    | Refused             |                     | 9 |

108. What was the primary method of birth control that you or your partner used?

- |    |   |    |
|----|---|----|
| a. | The Pill  | 1  |
| b. | IUD   | 2  |
| c. | Condom (any kind), rubbers                      | 3  |
| d. | Diaphragm/cervical cap                          | 4  |
| e. | Morning after pill                              | 5  |
| f. | Depo-Provera <sup>®</sup>                       | 6  |
| g. | Norplant  | 7  |
| h. | Sterilization (vasectomy, tubes tied)           | 8  |
| i. | Foam/spermicide/jelly                           | 9  |
| j. | Sponge  | 10 |
| k. | Withdrawal, pulling out                         | 11 |
| l. | Rhythm, safe period, or natural family planning | 12 |
| n. | Other: (specify: _____)                         | 14 |
|    | Don't know/Not Sure                             | 77 |
|    | Refused   | 99 |

109. Have you or your partner had a vasectomy, tubal ligation, hysterectomy, or are sterile for some other reason? **IF NEEDED, All I need is a "yes" or "no."**

- |    |                     |                      |   |
|----|---------------------|----------------------|---|
| a. | Yes                 | <b>Go to Q. 114b</b> | 1 |
| b. | No                  |                      | 2 |
|    | Don't know/not sure |                      | 7 |
|    | Refused             |                      | 9 |

**If a woman has already said she is pregnant, (Q. 74 = 1), skip to 114b.**

**If a woman has already said she is not pregnant (Q. 74=2), ask 109b.**

109b. **Women:** Are you currently pregnant or trying to get pregnant?

109b. **Women:** Are you currently trying to get pregnant?

109b. **Men:** Is your partner currently pregnant or trying to get pregnant?

- |    |                     |                      |   |
|----|---------------------|----------------------|---|
| a. | Yes                 | <b>Go to Q. 114b</b> | 1 |
| b. | No                  |                      | 2 |
|    | Don't know/not sure |                      | 7 |
|    | Refused             |                      | 9 |

Were any of the following important reasons for you not to use birth control the last time you had sexual intercourse?

	Yes	No	Dk/Ns	Ref
110. I was swept away in the passion of the moment.	1	2	7	9
111. I did not have a birth control method with me to use at the time.	1	2	7	9
112. I feel birth control is not safe. There are too many side effects.	1	2	7	9
113. I can't afford birth control. It's too expensive.	1	2	7	9
114a. Was there any other important reason you did not use birth control the last time? (If yes, Specify: _____ )	1	2	7	9

114b. Have you ever visited a health care provider for birth control services, such as information, counseling, prescriptions or sterilization?

**IF NEEDED: This refers only to a visit for the purpose of birth control.**

- |    |                     |                          |   |
|----|---------------------|--------------------------|---|
| a. | Yes                 |                          | 1 |
| b. | No                  | <b>Go to Next Module</b> | 2 |
|    | Don't know/not sure | <b>Go to Next Module</b> | 7 |
|    | Refused             | <b>Go to Next Module</b> | 9 |

115. When was the last time you visited a health care provider for birth control services? Please tell me what year it was.

Year:    —   —   —   —

Don't Know/Not Sure       7   7   7   7

Refused                       9   9   9   9

116. Where did you go the last time you visited a health care provider for birth control services? **Read list and check only one answer.**

- |    |                                |    |
|----|--------------------------------|----|
| a. | Private doctor or HMO          | 01 |
| b. | Hospital or hospital clinic    | 02 |
| c. | Planned Parenthood             | 03 |
| d. | Family Planning clinic         | 04 |
| e. | Community or Migrant clinic    | 05 |
| f. | Other health department clinic | 06 |
| g. | Indian Health Service          | 07 |
| h. | Other: (specify: _____)        | 08 |

**Do not read these responses**

Don't Know                       77

Refused                           99



**Section 18: Breast Cancer Screening Attitudes****If respondent is male, go to Section 20, Asthma.**

On another topic, I'm going to read you beliefs that some women may have. For each one, please tell me if you "agree" or "disagree." **FOR EACH: Read phrase then ask: "Do you agree or disagree? Somewhat or strongly?"**

117a. A woman can live longer if breast cancer is found early.

- |    |                   |   |
|----|-------------------|---|
| a. | Agree Strongly    | 1 |
| b. | Agree Somewhat    | 2 |
| c. | Disagree Somewhat | 3 |
| d. | Disagree Strongly | 4 |
|    | Don't know        | 7 |
|    | Refused           | 9 |

118. If a mammogram shows that I'm fine, I never need another one.

- |    |                   |   |
|----|-------------------|---|
| a. | Agree Strongly    | 1 |
| b. | Agree Somewhat    | 2 |
| c. | Disagree Somewhat | 3 |
| d. | Disagree Strongly | 4 |
|    | Don't know        | 7 |
|    | Refused           | 9 |

119. Breast cancer can be found early with a mammogram.

- |    |                   |   |
|----|-------------------|---|
| a. | Agree Strongly    | 1 |
| b. | Agree Somewhat    | 2 |
| c. | Disagree Somewhat | 3 |
| d. | Disagree Strongly | 4 |
|    | Don't know        | 7 |
|    | Refused           | 9 |

**If the woman is under age 40, go to the next section, Q. 121.**

**If the woman is age 40 or older, then**

**if Q. 64 = 7 or 9 (Don't Know/Not sure, Refused), then go to next section, Q. 121.**

**if Q. 64 = 2 (never had mammogram) then go to Q 120a.**

**if Q. 64 = 1 (has had mammogram) then**

**if Q. 65 = 1 (had a mammogram in past 1 year), go to next section, Q 121.**

**if Q 65 = 2 (no mammogram in past 1 year), go to Q 120b.**

**If Q 65 = 3, 4, 5 or 7 (no mammogram in past 2 years), ask Q 120c.**

120a. Earlier, you said you've not had a mammogram. What is the most important reason that you never had a mammogram?

120b. Earlier, you said you've not had a mammogram in the past year. What is the most important reason that you did not have a mammogram in the past year?

120c. Earlier, you said you've not had a mammogram in the past 2 years. What is the most important reason that you did not have a mammogram in the past 2 years?

***Do not read***

- |    |   |   |
|----|---|---|
| a. | Not recommended by doctor/never suggested       | 1 |
| b. | Not needed/Not necessary                        | 2 |
| c. | Never heard of a mammogram                      | 3 |
| d. | Cost/Not covered by insurance/Have no insurance | 4 |
| e. | Any age-related comments (SPECIFY: _____)       | 5 |
| f. | Other (SPECIFY: _____)                          | 6 |
|    | Don't know/Not sure                             | 7 |
|    | Refused   | 9 |

**Section 19: Breast Self-Exam**

121. Have you ever examined your own breasts for lumps?

- |    |   |   |
|----|---|---|
| a. | Yes   | 1 |
| b. | No <b>Go to next section</b>                  | 2 |
|    | Don't know/Not sure <b>Go to next section</b> | 7 |
|    | Refused <b>Go to next section</b>             | 9 |

122. About how often do you examine your breasts for lumps?

**Enter code**

Times per day: 1 \_\_ \_\_.

Times per week: 2 \_\_ \_\_.

Times per month: 3 \_\_ \_\_.

Times per Year: 4 \_\_ \_\_.

Less than once a year 5 5 5

Don't know/Not sure 7 7 7

Refused 9 9 9

123. When did you last do such a breast self-examination?

***Read a-e only if necessary.***

a. Within the last month (today to 1 month ago) 1

b. Within the last two months (>1 month to 2 months ago) 2

c. Within the last six months (> 2 months to 6 months ago) 3

d. More than six months ago 4

e. Never 5

**Do not read these responses**

Don't know/Not Sure 7

Refused 9

Next, I have a few questions about some other health and safety topics.

**Section 20: Asthma**

124. Has a doctor or other health care professional ever told you that you have asthma?

- |    |   |   |
|----|---|---|
| a. | Yes                                     | 1 |
| b. | No <b>Go to Q. 126</b>                  | 2 |
|    | Don't know/Not Sure <b>Go to Q. 126</b> | 7 |
|    | Refused <b>Go to Q. 126</b>             | 9 |

125. How old were you the first time this happened?

	Years: ____ ____
Don't know/Not Sure	7 7 7
Refused	9 9 9

126. Has a doctor ever said that one of the children currently living in your household has asthma?

- |    |   |   |
|----|---|---|
| a. | Yes   | 1 |
| b. | No <b>Go to next section</b>                  | 2 |
|    | Don't know/Not Sure <b>Go to next section</b> | 7 |
|    | Refused <b>Go to next section</b>             | 9 |

127. If yes, how old is this child (are these children)? **Enter count for each age grouping. IF NEEDED: "How many are . . . (read age range)"**

	Number of children
a. Less than 5 years old	— —
b. 5 through 12 years old	— —
c. 13 through 17 years old	— —
Don't know/Not Sure	77
Refused	99

### Section 21: Hypertension:

**If respondent answered Q. 15 ("Have you ever been told . . . that you have high blood pressure?") with 1 ("yes") go to 128. Otherwise, go to next section.**

128. Earlier you said that you had been told by a health professional that you have high blood pressure. Is any medicine currently prescribed for your high blood pressure?

a. Yes	1
b. No <b>Go to Q. 130</b>	2
Don't know/Not sure <b>Go to Q. 130</b>	7
Refused <b>Go to Q. 130</b>	9

129. How often would you say you take your medications? **IF "YES", probe for "all or most of the time" or "only occasionally." If answer is "yes," use "yes all or most of the time."**

a. Yes, all or most of the time	1
b. Yes, only occasionally	2
c. No	3
Don't know/Not Sure	7
Refused	9

Because of your high blood pressure are you:

	Yes	No	Dk/Ns	Ref
130. Controlling your weight or losing weight?	1	2	7	9
131. Using less salt?	1	2	7	9
132. Exercising	1	2	7	9
133. Drinking less alcohol	1	2	7	9
134. Decreasing stress	1	2	7	9

## Section 22: Cholesterol

**If respondent answered Q. 19 (“Have you ever been told . . . that your blood cholesterol is high?”) with 1 (“yes”) go to 135. Otherwise, go to next section.**

135. Are you now under the advice of a doctor to reduce your cholesterol level?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Because of your high blood cholesterol are you:

	Yes	No	Dk/Ns	Ref
136. Eating more high fiber foods?	1	2	7	9
137. Eating fewer high fat or high cholesterol foods?	1	2	7	9
138. Controlling your weight or losing weight?	1	2	7	9
139. Exercising?	1	2	7	9
140. Taking medication?	1	2	7	9

**Section 23: Hunger**

141. The next few questions are about hunger, or not having enough food to eat. In the past 30 days, have you been concerned about having enough food for you or your family?

- |    |                      |   |
|----|----------------------|---|
| a. | Yes                  | 1 |
| b. | No                   | 2 |
|    | Don't know/ Not sure | 7 |
|    | Refused              | 9 |

142. In the past 30 days, did you skip any meals because there wasn't enough food or money to buy food?

- |    |   |   |
|----|---|---|
| a. | Yes   | 1 |
| b. | No <b>Go to next section</b>                    | 2 |
|    | Don't know / Not sure <b>Go to next section</b> | 7 |
|    | Refused <b>Go to next section</b>               | 9 |

143. In the past 30 days, were there any days when you did not eat at all because there wasn't any food or money to buy food?

- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |



**Section 24: Health Care Utilization**

Now I am going to ask you some questions about the health care you receive.

144. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- |   |   |
|---|---|
| a. Yes <b>Go to Q. 147</b>                    | 1 |
| b. More than one place <b>Go to Q. 146</b>    | 2 |
| c. No   | 3 |
| Don't know/Not sure <b>Go to next section</b> | 7 |
| Refused <b>Go to next section</b>             | 9 |

145. What is the main reason you do not have a usual source of medical care?

- |  |     |
|--|-----|
| a. Two or more usual places  | 0 1 |
| b. Have not needed a doctor <b>Go to next section</b>                      | 0 2 |
| c. Do not like/trust/believe in doctors <b>Go to next section</b>          | 0 3 |
| d. Do not know where to go <b>Go to next section</b>                       | 0 4 |
| e. Previous doctor is not available/moved <b>Go to next section</b>        | 0 5 |
| f. No insurance/cannot afford <b>Go to next section</b>                    | 0 6 |
| g. Speak a different language <b>Go to next section</b>                    | 0 7 |
| h. No place is available/close enough/convenient <b>Go to next section</b> | 0 8 |
| i. Other <b>Go to next section</b>   | 0 9 |
| Don't know/Not sure <b>Go to next section</b>                              | 7 7 |
| Refused <b>Go to next section</b>  | 9 9 |

146. Is there one of these places that you go to most often when you are sick or need advice about your health?

- |   |   |
|---|---|
| a. Yes  | 1 |
| b. No <b>Go to next section</b>               | 2 |
| Don't know/Not sure <b>Go to next section</b> | 7 |
| Refused <b>Go to next section</b>             | 9 |

147. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

- |  |     |
|--|-----|
| a. Doctor's office or private clinic             | 0 1 |
| b. Company or school health clinic/center        | 0 2 |
| c. Community/migrant/rural clinic/center         | 0 3 |
| d. County/city/public hospital outpatient clinic | 0 4 |
| e. Private/other hospital outpatient clinic      | 0 5 |
| f. Hospital emergency room                       | 0 6 |
| g. HMO/prepaid group                             | 0 7 |
| h. Psychiatric hospital or clinic                | 0 8 |
| i. VA hospital or clinic                         | 0 9 |
| j. Military health care facility                 | 1 0 |
| k. Some other kind of place                      | 1 1 |
| Don't know/Not sure                              | 7 7 |
| Refused  | 9 9 |

**Section 25: Oral Health**

148. How long has it been since you last visited the dentist or a dental clinic?

***Read Only if Necessary***

- |  |   |
|--|---|
| a. Within the past year (1 to 12 months ago) <b>Go to Q. 150</b> | 1 |
| b. Within the past 2 years (1 to 2 years ago)                    | 2 |
| c. Within the past 5 years (2 to 5 years ago)                    | 3 |
| d. 5 or more years ago   | 4 |
| Don't know/Not sure <b>Go to Q. 150</b>                          | 7 |
| Never  | 8 |
| Refused <b>Go to Q. 150</b>                                      | 9 |

149. What is the main reason you have not visited the dentist in the last year?

***Read only if necessary:***

- |  |     |
|--|-----|
| a. Fear, apprehension, nervousness, pain, dislike going  | 0 1 |
| b. Cost  | 0 2 |
| c. Do not have/know a dentist  | 0 3 |
| d. Cannot get to the office/clinic (too far away,<br>no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth)   | 0 5 |
| f. Other priorities  | 0 6 |
| g. Have not thought of it  | 0 7 |
| h. Other   | 0 8 |
| Don't know/Not sure  | 7 7 |
| Refused  | 9 9 |

150. The last time you visited a health care provider for dental services, where did you go?

**Read; only one answer**

- |    |                              |   |
|----|------------------------------|---|
| a. | Private dentist              | 1 |
| b. | Public Health Center Clinic  | 2 |
| c. | Community or Migrant Clinic  | 3 |
| d. | Indian Health Service Clinic | 4 |
| e. | Other (Specify: _____)       | 5 |

**Do Not Read**

- |                     |   |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused             | 9 |

151. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |

## **Section 26: Radon**

152. The next few questions are about radon gas, a radioactive gas which occurs in nature. Has your household air been tested for the presence of radon gas?

- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             | 9 |

153. Do you, or does anyone in you home, plan to have your household air tested for radon gas within the next year?

- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             | 9 |

154. Please indicate your agreement or disagreement with the following statement: "Prolonged exposure to radon gas can be harmful to your health." Do you agree or disagree?

- |    |                     |   |
|----|---------------------|---|
| a. | Agree               | 1 |
| b. | Disagree            | 2 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             | 9 |

## Section 27: Child Maltreatment

The next few questions are about things that may have happened to you as a child, before you were 18. I want to remind you that your answers are confidential and you don't have to answer a question if you don't want to.

155a. Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian? **IF NEEDED: If we learn of abuse or neglect that may occur NOW to someone under 18, we would have to report it to the appropriate agency.**

- |    |   |   |
|----|---|---|
| a. | Yes                                     | 1 |
| b. | No <b>Go to Q. 158</b>                  | 2 |
|    | Don't Know/Not Sure <b>Go to Q. 158</b> | 7 |
|    | Refused <b>Go to Q. 158</b>             | 9 |

156. How many times did this happen? Would you say . . . **Read a-d**

- |    |                     |   |
|----|---------------------|---|
| a. | Once                | 1 |
| b. | Two to five times   | 2 |
| c. | Six to nine times   | 3 |
| d. | ten or more times   | 4 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             | 9 |

157. How old were you? **If more than once: "How old were you the first time?"**

- Years old: \_\_\_\_ \_\_\_\_
- |                     |    |
|---------------------|----|
| Don't Know/Not Sure | 77 |
| Refused             | 99 |

158. Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?

- |    |   |   |
|----|---|---|
| a. | Yes   | 1 |
| b. | No <b>Go to next section</b>                  | 2 |
|    | Don't Know/Not Sure <b>Go to next section</b> | 7 |
|    | Refused <b>Go to next section</b>             | 9 |

159. How many times did this happen? Would you say . . . **Read a-d**

- |    |                     |   |
|----|---------------------|---|
| a. | Once                | 1 |
| b. | Two to five times   | 2 |
| c. | Six to nine times   | 3 |
| d. | ten or more times   | 4 |
|    | Don't Know/Not Sure | 7 |
|    | Refused             |   |

160. How old were you? **If more than once, say "How old were you the first time?"**

- |                     |                      |
|---------------------|----------------------|
|                     | Years old: ____ ____ |
| Don't Know/Not Sure | 7 7                  |
| Refused             | 9 9                  |

**If respondent answers "no" to both Q. 155a and Q. 158, go to Section 28: Interview.**

**If respondent answers "yes" to either Q. 155a or Q. 158:**

These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions.

**IF NEEDED: If respondent seems upset, asks for assistance or wants to talk more, say:** I have the name of a community service organization in your area. Would you like the number so you can talk with someone there?.

**IF YES, look up the number for the respondent's county or town. Tell the respondent the name of the organization and the telephone number. Then go to the Section 28: Interview.**

**IF NO, then go to the Section 28: Interview.**

**Section 28: Interview**

My last questions are about the interview itself.

**[Randomly assign interview to 163a (easy) or 163b (difficult)]**

163a. In general, how many of the questions were easy to answer? Would you say . . . **Read a - d:**

- |    |                     |   |
|----|---------------------|---|
| a. | All                 | 1 |
| b. | Nearly all          | 2 |
| b. | Some                | 3 |
| c. | Only a few          | 4 |
| d. | None                | 5 |
|    | Don't know/Not Sure | 7 |
|    | Refused             | 9 |

163b. In general, how many of the questions were difficult to answer? Would you say . . . **Read a - d:**

- |    |                     |   |
|----|---------------------|---|
| a. | All                 | 1 |
| b. | Nearly all          | 2 |
| b. | Some                | 3 |
| c. | Only a few          | 4 |
| d. | None                | 5 |
|    | Don't know/Not Sure | 7 |
|    | Refused             | 9 |



164. Was there any one question that was very difficult for you to answer?

a. Yes **Which one was it? [Type Respondent's answer:]**

\_\_\_\_\_ 01

b. No 88

Don't know/ Not Sure 77

Refused 99

### Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and safety practices of people in our state. Thank you very much for your time and cooperation.